



DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
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October 25, 2013

Mr. Steven Gordon, Ceo, Administrator  
Brattleboro Memorial Hospital  
17 Belmont Ave  
Brattleboro, VT 05301

Provider ID #: 470011

Dear Mr. Gordon, Ceo:

The Division of Licensing and Protection completed a survey at your facility on **September 4, 2013**. The purpose of the survey was to determine if your facility met the conditions of participation for Acute Care Hospitals found in 42 CFR Part 482.

Following the survey, your facility submitted a Plan of Corrections (POC) which was found to be acceptable on **October 25, 2013**.

Sincerely,

A handwritten signature in blue ink, appearing to read "Frances L. Keeler".

Frances L. Keeler, RN, MSN, DBA  
Assistant Division Director  
Director State Survey Agency

FK:jl

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED 09/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

RECEIVED  
Division of  
Sept 13 13  
Licensing and  
Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  470011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  C 09/04/2013
NAME OF PROVIDER OR SUPPLIER  BRATTLEBORO MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 17 BELMONT AVE BRATTLEBORO, VT 05301		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 000	INITIAL COMMENTS  An unannounced on-site complaint investigation was conducted by the Division of Licensing and Protection on 9/3 – 9/4/13. The following regulatory findings were identified:	A 000	A164, A166, A168, A178, A184, A186  On 9/23/ 2013, a debriefing of onsite complaint investigation will occur. VPPCS, Nurse Managers, Quality and Risk Management will attend. Monitoring strategies will be finalized. (this meeting was prescheduled prior to receiving summary of deficiencies)	9/23/2013	
A 164	482.13(e)(2) PATIENT RIGHTS: RESTRAINT OR SECLUSION  Restraint or seclusion may only be used when less restrictive interventions have been determined to be ineffective to protect the patient, a staff member, or others from harm.  This STANDARD is not met as evidenced by: Based upon staff interview and record review the facility failed to attempt alternatives or less restrictive interventions prior to the use of restraints for 1 of 5 patients [Patient #1] of the sample group.	A 164			
A 166	482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION  The use of restraint or seclusion must be -- (i) in accordance with a written modification to the patient's plan of care.  This STANDARD is not met as evidenced by: Based upon record review the facility failed to assure restraints were used in	A 166	Nursing Staff re-education of behavioral restraint requirements and documentation will be done for MS 2, MS 3, SCU and ED nurses at September and October staff meetings. Documentation of education completeness will be required. Education will include less restrictive interventions, patient assessment, written order need, care plans and documentation.  Physician education of behavioral restraint orders and patient evaluation requirements (face to face) will be done at Hospitalist meeting on October 16, 2013.  <i>POC accepted T. Vaughn / F. Keen RN MSN LBA 10/25/13</i>	October, 31, 2013  October 16, 2013	

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A 166	Continued from page 1	A 166			
A 168	<p>accordance with a written modification to the patient's plan of care for 1 of 5 patients [Patient #1] in the sample group.</p> <p>482.13(e)(5) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.</p> <p>This STANDARD is not met as evidenced by: Based upon staff interview and record review the facility failed to ensure restraints were used in accordance with the order of a physician or other licensed independent practitioner for 1 of 5 patients [Patient #1] in the sample group.</p>	A 168	<p>All behavioral restraint applications, on all units will be reported in the Quantros Incident reporting system.</p> <p>At the time of reporting, nurses will follow-up with a call to the nursing supervisor who will review the case and assure all required measures have been satisfied and documentation is appropriate. A check list for the supervisors has been established for this purpose. This checklist includes: -Nursing Supervisor Contacted -Incident Report Complete -Care plan adjusted to patient's condition -Alternatives tried and documented -MD Face to face assessment completed within 1 hour -Restraints discontinued within established time frames or re-order secured after evaluation.</p>	October 1, 2013	
A 178	<p>482.13(e)(12) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1-hour after the initiation of the</p>	A 178	<p>Education to nurses regarding this process to be done week of September 30, with required sign off of completion. Nursing Supervisors will be sent an educational email to the process and</p>	October 1, 2013	

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A 178	Continued from page 2  intervention – ○ By a – - Physician or other licensed independent practitioner; or - Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.  This STANDARD is not met as evidenced by: Based upon staff interview and record review the facility failed to ensure a face to face assessment was conducted by a licensed independent practitioner within one hour of the initiation of restraint for 1 of 5 patients [Patient #1] in the sample group.	A 178	check list on September 24 and will be reviewed on October 8, at supervisors' meeting.  Quality and nurse leaders will review Quantros restraint incidents monthly to evaluate cases, trends, need for continued re-education, process changes, etc.	
A 184	482.13(e)(16)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION  When restraint or seclusion is used, there must be documentation in the patient's medical record of the following:  The 1-hour face-to-face medical and behavioral evaluation if restraint or seclusion is used to manage violent or self-destructive behavior.  This STANDARD is not met as evidenced by: Based upon staff interview and record	A 184	.	First meeting end of October, monthly standing meeting thereafter

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A 184	Continued from page 3	A 184			
A 186	<p>review the facility failed to ensure a face to face assessment was conducted by a licensed independent practitioner within one hour of the initiation of restraint and documented in the medical record for 1 of 5 patients [Patient #1] in the sample group.</p> <p>482.13(e)(16)(iii) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>[there must be documentation in the patient's medical record of]</p> <p>Alternatives or other less restrictive interventions attempted (as applicable);</p> <p>This STANDARD is not met as evidenced by: Based upon staff interview and record review the facility failed to document any alternatives or less restrictive interventions attempted prior to the use of restraints for 1 of 5 patients [Patient #1] of the sample group.</p>	A 186			